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CONFIRMATION NO. 4232

SERIAL NUMBER 10/541,794	FILING OR 371(c) DATE 03/02/2006 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. Q89079
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/AU04/00018 01/09/2004

**** FOREIGN APPLICATIONS *******

AUSTRALIA 2003900064 01/09/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
AUSTRALIA		44	4

ADDRESS

23373

TITLE

Method of treatment or prophylaxis of symptoms of herpes viral infection

FILING FEE RECEIVED 2580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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